

14-3917

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-3917		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE													
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 1		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED											
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY				LEBANON				DATE OF CRASH: 03   04   14		DAY Tues		TIME: MILITARY 2000					
CRASH OCCURRED ON Main Entrance to Kroger's, 1425 Columbus Ave										WITHIN THE INTERSECTION OF											
IF NOT IN INTERSECTION _____ MILES _____ FEET W N E OF _____										(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE 8321					
LOG-1		LOG-2		LOC		JUR		FH9		FILT											
A		UNIT NO. 1		NO OF OCCUPANTS		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT State Farm							
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Crocker, Wanda										ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 722 Decatur Ct, Cincinnati, Oh 45240											
PHONE NO. 513-324-1486		BIRTH DATE m     y		AGE		SEX		SOCIAL SECURITY NO.				STATE		DRIVER'S LICENSE NO.		OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME)										ADDRESS						PHONE					
VEH YR		MAKE Hyundai		MODEL Elantra		COLOR Red		STYLE 4s		STATE OH		LICENSE PLATE NO. GAQ9841		TOWING SERVICE AAA		VEH/PED DIR FROM TO					
CIRCLE DAMAGE AREAS 1 2 3 4 5 6 7 8		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input checked="" type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE											
8		UNIT NO.		NO OF OCCUPANTS		OPERATING <input type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT							
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Pothole										ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)											
PHONE NO.		BIRTHDATE m   D   y		AGE		SEX		SOCIAL SECURITY NO.				STATE		DRIVER'S LICENSE NO.		OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME)										ADDRESS						PHONE					
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE		LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR FROM TO					
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C		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m   D   y		AGE		SEX		POSITION A B C D E F		INJURIES A B C D E F							
D		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m   D   y		AGE		SEX		POSITION A B C D E F		INJURIES A B C D E F							
E		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m   D   y		AGE		SEX		POSITION A B C D E F		INJURIES A B C D E F							
F		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m   D   y		AGE		SEX		POSITION A B C D E F		INJURIES A B C D E F							
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